

Opening Statement of Chairman Michael C. Burgess, M.D.
Subcommittee on Health
Markup of H.R. 829 and H.R. 181
February 7, 2017

(As prepared for delivery)

Medicaid was established to serve our most vulnerable individuals in their greatest times of need. As a practicing physician for over thirty years, I have a first-hand understanding of the important role this safety-net program serves. As the costs of the program grow at exponential rates, it is more important than ever to ensure that Medicaid spending is on a sustainable path. We are here today to vote on two commonsense proposals that would do just that—prioritize care for the vulnerable patients Medicaid is intended to serve.

Both of these bills are focused on narrow issues and have been introduced in prior Congresses—in fact both have been considered twice in legislative hearings by this Subcommittee, first in September 2015, and again just last week. We are committed to crafting policy in an open and inclusive manner through hard work, collaboration, and the scrutiny of the American people. The committee will continue to welcome constructive suggestions to improve these bills before each is advanced for full committee markup.

First, we will consider H.R. 829, a bill introduced by Representative Upton to clarify the treatment of lottery winnings and other lump sum income for purposes of income eligibility under the Medicaid program. This commonsense proposal would require States to consider such income as if it were obtained over multiple months for purposes of determining Modified Adjusted Gross Income for Medicaid and CHIP eligibility. I hope we can all agree that powerball lottery winners should not be eligible to receive Medicaid, which is precisely the problem in current law that this bill would fix.

Second, we will consider H.R. 181, the Close Annuity Loopholes in Medicaid Act, introduced by Representative Mullin. This bill would close a gap in current law that allows married individuals to increase the amount of assets a community spouse may retain above State and Federal maximums. This bill will help prevent cost shifting from wealthy individuals to the Medicaid program and ensure the program is available to those most in need of assistance.

Both of these bills would reduce Federal and State Medicaid spending by hundreds of millions of dollars, freeing up resources that could be directed toward specific patient populations or targeted areas of need.

We all agree that it is important to secure care and keep our commitment to vulnerable Americans, it is my hope that we can work together on a bipartisan basis to make Medicaid more sustainable. I hope that we can begin by taking these small steps forward to put Medicaid spending on a sustainable path. I am confident that we can continue to advance bills through an open and inclusive process to protect and empower patients.

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